Please read the information below before submitting your consumer complaint form

You may want to review our consumer brochures and help topics located on our website before you file a consumer complaint. This information may help you decide if you want to file a consumer complaint and provides details on the kinds of complaints we cannot informally mediate.

Website: http://www.atg.wa.gov/ContactUs/HelpByTopic.aspx

What types of complaints do we informally mediate?

• Disagreements between businesses and their customers. Either the business or the consumer must be located in Washington State.

** If your complaint does not involve a consumer dispute with a business, please complete the Contact Us form at: https://fortress.wa.gov/atg/formhandler/ago/ContactForm.aspx, or contact us by mail at the address on the complaint form. This will ensure a prompt response to your non-consumer related issue. **

We do not informally mediate the following types of complaints:

- Criminal matters
- Complaints against the State or other government agencies
- Claims about the quality of health or legal services
- Personal disputes between individuals
- Homeowner/Condo association complaints/disputes
- Workplace disputes
- Discrimination claims
- Matters that are being or have been litigated
- Landlord/Tenant disputes
- Civil rights violations

How do I file a consumer complaint? You can file online or by mail:

- Complete the paper or online complaint form. Online forms take less processing time.
- Provide all required information identified on the form with an asterisk (*).
- Do NOT provide personal or sensitive information that is not necessary to understanding your complaint. All complaints received by our office are considered public records and are subject to disclosure under the Public Records Act. You may read our privacy policy at http://www.atg.wa.gov/PrivacyNotice.aspx

Online Consumer Complaint Form: (https://fortress.wa.gov/atg/formhandler/ago/ComplaintForm.aspx.)

Paper Consumer Complaint Form: Mail paper complaint forms to the address on the complaint form.

How do we process your complaint and how long does it take?

If we are able to informally mediate your complaint, the complaint form and all your documents submitted will be forwarded to the business within 7 business days of our receipt. The business will be asked to respond within 21 business days. If a response is not received, a second request will be made to the business. You will be notified of the business's response when received. If the business does not respond we will notify you and include possible alternatives to resolving your complaint. Please note that our office cannot compel a business to respond to a consumer complaint, however, your complaint will remain a part of our public record.

<u>If your complaint regards an issue we do not informally mediate, we may handle it by:</u> (1) Referring it to another state or federal agency. If we refer your complaint, you will be notified of the name and address of the agency; or (2) transferring it to another division of the Attorney General's Office. If your complaint is transferred to another division within the Attorney General's Office, you will be contacted by that division.

If your complaint is incomplete or illegible, we will not be able to process your complaint.

Before you submit your complaint, please review this checklist to ex	nsure prompt and accurate processing
☐ Complaint type can be processed by the Attorney General's Office	☐ Considered filing online form
☐ Protected personal and sensitive information	☐ Reviewed online help topics
☐ Form completed with all required information	☐ Signed form and declaration

CONSUMER COMPLAINT

OFFICE OF THE ATTORNEY GENERAL CONSUMER PROTECTION DIVISION

STATEWIDE TOLL FREE 1-800-551-4636

(206) 464-6684

File your complaint online at www.atg.wa.gov for faster processing.

In order to informally mediate your complaint, the Attorney General's Office will send a copy of your complaint to the business (es) identified in your complaint. You must check the YES or NO box below AND complete all required

<i>fields on this form.</i> If you do not check o able to informally mediate your complaint		ll required fields on this form, we will not be		
☐ Yes - Send a copy of my complaint		ısinesses.		
□ No - Do not send a copy of my complaint to the business. I understand that by checking NO, the Attorney General's Office will not be able to informally mediate my complaint, but will keep my complaint as a public record.				
	CONSUMER INFORMATION			
*REQUIRED FIELDS (Please print or type)				
*Name				
		Middle Initial		
* Email Address:	<u>OR</u>			
* Mailing Address:				
*City:	State Zip			
Phone: Cell: ()	_ Day: ()	Evening: ()		
BUSINESS INFORMATION				
Email Address:	<u>OR</u>			
Mailing Address:				
City:State	Zip			
Phone: () Fax: () _	Toll-free number:			
Name of Owner or Manager (if known):				
Name and address of any other business involved in	n your complaint:			
Item (s)/services purchased:				
Cost of item or service: \$	Did you sign a contract?	Date of transaction:/		
Salesperson's name:				
Was an advertisement involved? Date of available.	Advertisement//	(Please send a copy of the advertisement if		

ABOUT	YOUR COMPLAINT			
Have you filed a complaint about this business with the Attorney	General's Office before? Yes □ N	o ☐ If Yes, list the file number		
Have you contacted a private attorney? Yes □ No □				
Is there a court or other legal proceeding pending? No \square Yes \square	If YES, please explain:			
EXPLAIN YOUR COMPLAINT IN DETAIL (use additional pa	agg if nagaggamy);			
EAFLAIN TOUR COMPLAINT IN DETAIL (use additional pa	ges ii necessary).			
What do you think the business should do to resolv	e your complaint? (Circle C	One)		
<u>REFUND</u> <u>DELIVER PRODUCT</u> <u>PI</u>	ERFORM SERVICE	*OTHER (REQUIRES EXPLANATION)		
Explain what would resolve your complaint if you have circled "	OTHER"			
Disclaimer and Signature:				
Consumer complaints filed with the Attorney General's Of personal information or documents containing sensitive complaint. To learn how we safeguard your personal info http://www.atg.wa.gov/PrivacyNotice.aspx . Your complain Enforcement or Regulatory Agencies.	e personal information that are rmation, please read our Privacy	e not critical to understanding your Policy at:		
I understand that by submitting this complaint to the Wash from the business and all communications with Attorney G records are subject to public records disclosure requests an seen by other people.	eneral's Office will become pub	olic records under state law. Public		
By signing this complaint form, I understand that the V (ies) against which I have filed a complaint in an effort which I have filed a complaint to communicate with an State Attorney General's Office.	to reach an amicable resolution	n. I authorize the party (ies) against		
I declare, under penalty of perjury under the laws of th complaint is true and accurate, and that any documents				
Signature	Date	City and State where signed		
SUBMIT COPIES ONLY – DO NOT INCLUDE ORIGINAL DOCUMENTS				
Office of the Attorney General Consumer Protection Division				
800 Fifth Avenue Suite 2000				

Office of the Attorney General Consumer Protection Division 800 Fifth Avenue, Suite 2000 Seattle, Washington 98104-3188

1-800-551-4636 or (206) 464-6684 Fax (206) 389-2801